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INSTRUCTIONS: This for appropriate. All further con indicated unless corrected to maintenance fee notification	elow or directed other	or transmitting the ISSU g the Patent, advance or crwise in Block 1, by (a)	specifying a new cor	respondence ac	ddress; and/or	(b) indicating a separ	ate "FEE ADDRESS" for
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SOUTHFIELD, MI 48075				(Depositor's name)			
					(Signature)		
							(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVEN		OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/598,002 12/14/2006			Bruce E. Cohan		COHA0104PUSA		8979
TITLE OF INVENTION: A		ETHOD FOR SELF-ME.	ASUREMENT OF IN	TRAOCULAR	PRESSURE		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAI	D ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300		\$0	\$1055	08/11/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS				
JONES, JAMES		2873	351-222000			· · · · · · · · · · · · · · · · · · ·	
 Change of correspondence address or indication of "Fee Address" (37° 1 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2 For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND PLEASE NOTE: Unles	iomaa ia idant	ified helow no assignee	data will appear on th	e natent. If an	assignee is i	dentified below, the d	ocument has been filed for
recordation as set form i	T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
(A) NAME OF ASSIGNEE EYELAB GROUP, LLC			Ann Arbor, MI				
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.						
Publication Fee (No Advance Order - # 6		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-3978 (enclose an extra copy of this form).					
5. Change in Entity Statu	s (from status indicate	ed above)				ITITY status. See 37 C	
a. Applicant claims	SMALL ENTITY stat	us. See 37 CFR 1.27.	b. Applicant is no	onger claimin	nt: a registered	attorney or agent; or t	he assignee or other party in
NOTE: The Issue Fee and interest as shown by the re	cords of the United St	ates Patent and Trademar	k Office.		,		
Authorized Signature _	/Stephanie	M. Mansfield/				4. 2009	
Typed or printed name Stephanie M. Mansfield Registration No. 43,773 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process). This collection of information is required by 37 CFR 1.32 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and							
an application. Confidential submitting the completed this form and/or suggestion. Box 1450, Alexandria, Virginia 2231	anty is governed by 3. application form to the ns for reducing this by rginia 22313-1450. D	CFR 1.311. The informat 5 U.S.C. 122 and 37 CFF lie USPTO. Time will varurden, should be sent to to O NOT SEND FEES OR opersons are required to response to the sent to sent the sent to the sent to sent the sent the sent to sent the sent the sent to sent the se	y depending upon the he Chief Information C COMPLETED FORM	individual case officer, U.S. Pa IS TO THIS A	. Any commentent and Trade DDRESS. SEN	nts on the amount of temark Office, U.S. Dep ND TO: Commissioner	ime you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450.